

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

Rejected N  
 Allowed I  
 Canceled A  
 Restricted O

Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Date	Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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